



Psychology Internship Program

Southern Arizona VA Health Care System

Director of Psychology Training (4-116B)

3601 South 6th Avenue

Tucson, AZ 85723

(520) 792-1450, extension 5127

<http://www.tuscon.va.gov>

MATCH Number: 111211

Applications due: November 15, 2009

Accreditation Status

The predoctoral internship at the **Southern Arizona VA Health Care System** is fully accredited by the Commission on Accreditation of the American Psychological Association

The next site visit will be during the academic year 2013.

Application & Selection Procedures

Eligibility requirements for internship:

- Enrollment in good standing in a doctoral training program in clinical or counseling psychology approved by the American Psychological Association.
- Completion of at least three years of graduate study in psychology.
- Completion of at least 1200 practicum hours (see "APPIC Definition of Terms for Documenting Practicum Experience" in the application form described below), including at least 800 hours of direct intervention and assessment experience.
- Sufficient academic progress that completion of the doctorate degree within two years of the beginning of the internship is feasible in the opinion of the Director of Training.
- United States citizenship.

The Application Process:

The deadline for receipt of completed application materials is November 15.

The following materials must be submitted:

- A completed APPIC Application for Predoctoral Psychology Internship (AAPI). The AAPI is available for completion at the APPIC Web site: www.appic.org. The APPIC Verification of Internship Eligibility needs to be verified by your Director of Clinical or Counseling Training.
- A curriculum vitae.
- Official transcripts of your graduate academic records.
- Three letters of recommendation from faculty in your academic department or from practicing clinicians who know your work in psychology (e.g. externship agency, etc).

- For additional questions please contact the Director of Training at:

Nadine C. Cole, Ph.D.

Director of Psychology Training (4-116B)
Southern Arizona VA Health Care System
3601 S. Sixth Ave.
Tucson, AZ 85723
(520) 792-1450, extension 5127

Email: nadine.cole2@va.gov.

The internship observes strictly the guidelines regarding the computerized internship matching program adopted by APPIC and the Council of University Directors of Clinical and Counseling Programs. Please go to the APPIC website for the latest information about the application process, www.appic.org. For more information or clarification, contact the Director of Training at the above information.

The Selection Process: Upon receipt of an application, the Director of Training conducts a preliminary review for completeness. Intern selection is conducted by the entire training committee. The training committee reviews applications and offers approximately 40 interviews. Applicants will be notified by December 15 whether they will be offered an interview or are unlikely to be in the pool of applicants who will be placed on the APPIC rank list for potential internship offers. Interviews will be offered during 4 dates in late December and early January. These interview times will include an overview of the program (with multiple applicants), individual interviews with 2 staff members, and one interview with a current intern. Applicants can expect to remain on-site between 2 and 3 hours for this interview process. The interview will allow time for the applicant to get a good sense of the program and facility. This allows determination for a good “fit” for both applicant goals and the program’s format. Accommodations (telephonic interviews) will be made for applicants that are unable to attend the interview dates, however no other on-site interviews will be done.

Psychology Setting

Twelve SAVAHCS psychologists and one consulting psychologist from the community comprise the Psychology training staff. SAVAHCS psychologists participate independently as members of the treatment teams of most Mental Health programs, Primary Care medical teams, and the Southwest Blind Rehabilitation Center. Psychological Assessment programs, based in the Mental Health Care Line, serve the entire medical center on a consultation basis. The predoctoral clinical psychology internship is the principal educational function of Psychology, although occasionally training is provided to externs from the University of Arizona.

The Medical Center is affiliated with the University of Arizona, the Arizona Health Sciences Center, and Pima Community College in Tucson, Arizona State University in Tempe, and numerous other academic institutions. It has an approved residency program with training in all clinical specialties usually associated with a teaching facility. Special medical treatment programs include open-heart surgery, organ transplant surgery, neurosurgery, level II polytrauma, renal dialysis, and infectious disease (HIV) among others. Mental Health programs include an outpatient mental health clinic, an inpatient treatment unit, inpatient and outpatient substance abuse treatment, inpatient and outpatient PTSD treatment, and day programs. Most medical care is provided under the Primary Care model, in which multidisciplinary teams provide or coordinate all treatment of patients assigned to a particular team.

Clinical training is also offered to students in audiology and speech pathology, gerontology, nursing, pharmacy, psychology, social work, rehabilitation counseling (substance abuse), medical students and residents, and other specialties. The Medical Center is involved in a broad range of applied and basic

scientific research in such areas as health services, heart disease, microcirculation, neurology, dementia, nursing, oncology, rehabilitation and PTSD.

Training Model and Program Philosophy

The education of a doctoral level professional psychologist involves the accumulation of theoretical, empirical and experiential knowledge. The clinical psychology internship at SAVAHCS provides a professional setting in which training is pursued primarily within the experiential sphere. It can be conceptualized as the highest level of the applied aspect of doctoral training. The emphasis of the internship is therefore not upon didactic instruction; it is upon the development of clinical skill through supervised experience in the application of theoretical and empirical knowledge.

The beginning intern is expected to be prepared to apply clinical strategies based upon empirically supported theories of the conceptualization, measurement and treatment of psychological disorders. The supervisor serves as a referent for the effectiveness with which these strategies are applied and helps to shape and refine the intern's developing professional style and skill.

Although the experiential component of professional education is emphasized, theoretical and empirical issues are not neglected. Psychology Training Seminars and Mental Health Continuing Education presentations occur approximately weekly throughout the year. Other seminars and symposia occur throughout the year at SAVAHCS, the University of Arizona, and the Arizona Health Sciences Center. Interns who have completed their dissertations and who are interested in pursuing additional research can be directed to researchers at SAVAHCS or in the academic community for possible collaboration on existing or new projects.

The internship is committed to the scholar practitioner concept of a professional psychologist. Its ultimate goal is to produce clinicians who are prepared to provide psychological services independently and who demonstrate a commitment to the integration of clinical skills with the scientific foundation of applied psychology.

Program Goals & Objectives

Initial Informal Evaluation: Prior to beginning the internship, the intern receives a self-evaluation that examines their experiences with specific treatments, looks at their perceived areas of strength and weakness, and helps define overall training goals. At the beginning of internship, the intern's performance is observed closely by the primary supervisor in order to further assess training needs. Areas of strength are also identified. Supervisors then share these observations informally with each other in a staff meeting one month after commencement of the first rotation, and they make recommendations to interns as indicated.

Rotation Evaluation: The Rotation Evaluation is completed during the last week of each rotation. It involves written evaluation of the intern's progress and performance during the rotation. The intern also evaluates the supervision received. Feedback is exchanged in order to improve the quality of supervision and facilitate the professional development of the intern.

Mid Term Evaluation: At the end of the second rotation, the entire staff meets to evaluate formally each intern's progress according to specific criteria that have been provided in written form to interns during the first week of internship. The Director of Psychology Training communicates the results of this evaluation to each intern individually. The evaluation serves to establish goals for the second half of the internship. A copy is sent to the academic director of clinical/counseling training at each intern's school.

Final Evaluation: This follows the same format as the Mid Term evaluation and occurs during the final month of the internship. The Director of Psychology Training completes a final written evaluation of each

intern. After the results have been discussed with the intern, a copy of this is sent to the academic director of clinical/counseling training at each intern's school. Each intern completes a written evaluation of the internship experience as well, including recommendations for change, and this is submitted anonymously to the Director of Psychology Training. Results of this are discussed with staff.

Program Structure

Clinical Rotations: Interns complete a total of 4 rotations from the following offerings. Interns can combine two full-time rotations so that they become 6 months long and involve more training.

Full-time Rotations

- Pain/Polytrauma
- Neuropsychology
- Post-Traumatic Stress Disorder

Half-time Rotations (choose 2 of the following to make up a complete rotation)

- Psychological Assessment
- Blind Rehabilitation
- Health/ Sleep

Outpatient Psychotherapy Cases: In addition to the principal rotations, each intern carries a caseload of four clients in outpatient psychotherapy throughout the internship year. These cases are assigned through the Mental Health Clinic and are independent of the primary rotations. (For editorial convenience, the word "psychotherapy" is used in this website as a general term referring to any established treatment procedure that is theoretically based and empirically supported in the professional and scientific psychology literature. Thus, it is not meant to exclude a treatment such as behavior therapy, for example.) Interns will also co-lead a therapeutic group through out the year.

Meetings: Interns attend the regularly scheduled Psychology Training Seminar or Mental Health Continuing Education Forum, which meet approximately weekly. Presentations are by psychologists and other professionals and academicians. Interns are also encouraged to attend colloquia, medical school conferences and teaching rounds at SAVAHCs, the University of Arizona Health Sciences Center, and the University of Arizona. Interns meet as a group with the Director of Psychology Training approximately every month. Time in these meetings is devoted to specific problems or issues related to the internship program in general, and priority in the agenda is given to the concerns of interns. Finally, interns attend other meetings according to the requirements of the various rotations.

Supervision: A minimum of four hours of scheduled supervision occurs weekly throughout the internship year. Each intern is assigned to one or two principal staff psychologist supervisors for each rotation. Additional supervision is received from other staff psychologists as arranged by the Director of Training. Details of supervision during each of the standard rotations are presented in the descriptions of rotations in this brochure.

Approximately one hour of individual supervision is provided for every three to six hours of direct patient care. In addition to the expertise of psychologists, that of members of other disciplines is drawn upon for supervision in special interest activities. Staff psychologists share primary supervision of the three ongoing outpatient psychotherapy cases. These cases are supervised in individual weekly meetings with a supervising psychologist. A weekly Supervision Training group is attended by all interns. In the Supervision Training group, interns learn the practice of supervision by supervising each other on one case and, when available, supervising an extern. This training is conducted under the guidance of one of the psychology staff.

Evaluation: Intern progress is evaluated formally with ratings completed by supervisors and informally through frequent verbal feedback from supervisors. Interns formally evaluate their supervisors and the

quality of their experiences during each clinical training assignment. At the end of each rotation, interns are given structured feedback on their performance by their clinical supervisors. Twice during the internship (after 6 months and 11 months), Psychology supervisors formally evaluate the performance of each intern. The Director of Training presents the results of this evaluation to the intern in an individual feedback session. A copy of the Mid-term and the Final evaluation is sent to the Director of Clinical/Counseling Training at each intern's university, and a copy of each is given to the intern.

Training Experiences

Interns complete a total of 4 rotations from the following offerings. Interns can combine two full-time rotations so that they become 6 months long and involve more training.

Full-time Rotations

- Pain/Polytrauma
- Neuropsychology
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- Psychological Assessment
- Blind Rehabilitation
- Health/ Sleep

INTERNSHIP ROTATIONS

NEUROPSYCHOLOGY

Full-time rotation

I. Description: Neuropsychological evaluations are conducted on an outpatient basis. Referrals typically originate from neurology, psychiatry, polytrauma, and primary care. Reasons for referral include dementia, traumatic brain injury, determination of decision-making capacity, and differential diagnosis of organic versus functional impairment to name a few. A "flexible-battery" approach is utilized for neuropsychological evaluations with additional measures added based on examinee variables and the referral question. An emphasis is placed on empirically supported assessment approaches and data interpretation.

The purpose of the rotation is two-fold. First, to provide interns with limited to no experience in neuropsychology the opportunity to familiarize themselves with the process of neuropsychological assessment; and second, to provide those with more advanced knowledge and background in neuropsychology the opportunity to gain more experience with assessment, interpretation, and comprehensive report writing. Additional opportunities for advanced interns include attendance at a memory disorders clinic run by a behavioral neurologist and a weekly neuropsychology case conference at the University Of Arizona College Of Medicine. Research opportunities are also available in conjunction with the rotation supervisor. For experienced interns seeking to specialize in clinical neuropsychology, the option of a six month rotation in neuropsychology is available consistent with Division 40/Houston Conference guidelines.

II. Requirements of the rotation:

A. Assessment: Interns will complete two neuropsychological evaluations a week with the responsibility for test administration varying depending on the intern's previous experience and level of comfort. Thus, interns with substantial experience in neuropsychological assessment may be expected to complete the majority of testing independently, while an intern with no prior experience would work in collaboration with the supervisor during test administration.

B. Consultation: Interns may have the opportunity to provide direct feedback to the referral source; however, this is typically achieved through a comprehensive report. Advanced interns will provide direct consultation to the neurologist when attending the memory disorders clinic.

C: Documentation: Results of each neuropsychological evaluation will be documented in a comprehensive report. Again, the level of intern responsibility will vary depending on prior experience. Interns with substantial experience may be expected to complete reports independently after discussing the case with the supervisor. Supervision will focus on the basics of report writing, conceptualization of domains and tests, and differential diagnosis. For more advanced interns, supervision of report writing may focus more on stylistic factors.

III. Supervision: The staff neuropsychologist provides two hours of regularly scheduled supervision. Education related to neuropsychological assessment, diagnostic issues, and functional neuroanatomy will occur through supervision and readings may be assigned. The supervisor will also be available for informal supervision on a regular basis.

PAIN/POLYTRAUMA ROTATION

Full-time rotation

I. Description: This rotation encompasses two different areas: Pain Psychology and the Polytrauma Clinic.

A. Pain Psychology--The psychology section of the Chronic Pain Rehabilitation Clinic utilizes a cognitive-behavioral approach to chronic pain management. In addition to training in pain psychology, interns have the opportunity to associate with members of other disciplines on the team, including anesthesiology, physical therapy, nursing, and pharmacy.

B. Polytrauma Clinic--Psychology plays a pivotal role in both assessment and treatment of patients in the Polytrauma Center. Any veteran who sustained more than one type of injury while serving in Iraq and/or Afghanistan is eligible for care. The majority of these patients have experienced some form of head trauma.

II. Requirements of the Rotation:

A. Assessment: The intern is involved in a variety of assessment activities. In Pain Psychology, intake assessments are completed on patients who have been referred to the Pain Clinic. In the Polytrauma clinic, the intern develops skills in differential diagnosis and in the use of neuropsychological assessment as a basis for developing treatment plans.

B. Psychotherapy

1. Individual. Therapy in the Polytrauma clinic focuses on assisting patients and families with adjustment to physical disability, as well as helping patients focus on a variety of concerns associated with physical and cognitive disability including, sexual functioning, employment considerations, and family dynamics. There is limited individual intervention using biofeedback with pain patients.

2. Group. This rotation provides a variety of group therapy experiences. These include the Pain Management Psychoeducational Group, Managing Pain Group, and Sleep Management Group for individuals with pain.

C. Consultation: Consultation is an integral part of this rotation. The intern is involved in multidisciplinary team treatment meetings in the Polytrauma and Pain Clinics.

D. Documentation: Progress notes are required for each individual and group therapy contact. The intern shares responsibility for writing group notes with the supervisor.

III. Supervision. A minimum of two hours of regularly scheduled individual supervision occur weekly. In addition, supervision is provided by staff psychologists modeling treatment during group therapy sessions and on an unscheduled basis as needed (e.g., drop-by, phone, e-mail).

POST-TRAUMATIC STRESS DISORDER ROTATION

Full-time rotation

I. Description: The purpose of the rotation is to provide the intern with intensive experience in the assessment and treatment of trauma. The patient population is ethnically diverse with a variety of exposure to trauma. The clinical settings of the rotation include multidisciplinary programs that target veterans suffering from PTSD. They include the Evaluation and Brief Treatment PTSD Unit (EBTPU), the PTSD Clinical Team (PCT), and the Military Sexual Trauma (MST) program.

Interns receive education and training in the clinical psychology of trauma-related disorders, including etiology, diagnosis, and treatment. They participate in intake interviewing, psychological assessment, team treatment planning, consultation, and individual and group psychotherapy. Groups are generally built on a cognitive-behavioral framework and emphasize the development of coping skills. Intern involvement in assessment and outcome studies of these programs is optional.

II. Requirements of the Rotation

A. Assessment: The intern completes one assessment using the Clinician Administered PTSD Scale each week throughout the rotation. These typically involve about two hours of structured interviewing. For each assessment, the intern writes a specific report presenting traumatic events and symptoms following a DSM IV format. Informal assessments (e.g. interviews) are conducted routinely in conjunction with psychotherapy in order to inform treatment. When appropriate, the intern administers objective questionnaires to evaluate outcome, such as the Beck Depression Inventory-II, Quality of Life Inventory, Coping Skills Inventory, etc.

B. Psychotherapy

1. Individual: Throughout the rotation, the intern carries a psychotherapy caseload of outpatients from the PCT and MST programs and has the option of following one of the EBTPU patients transitioning to outpatient work in the PCT. The intern may also have the opportunity to provide marital therapy and education to patients and families in the PCT. The intern will be provided with education regarding empirically supported treatments for traumatized individuals.

2. Group: As part of the rotation, the intern works in the EBTPU for one complete cycle of treatment, which is 21 days. During this placement, the intern co-leads groups within the context of the program's three phases of treatment: developing group cohesion and group building, exposure treatment, and skills building.

Outpatient experience includes work in the PCT and MST. There are a variety of groups in the PCT, and these focus on psychoeducation, symptom-specific issues, interpersonal and coping skills development, wives, and couples. Other group experiences involve World War II veterans, Vietnam veterans, and patients dealing with geriatric and end-of-life issues. Interns have the option of co-leading the "Seeking Safety" group, which is part of the MST program.

C. Consultation: Interns may have the opportunity to provide feedback to providers who have requested consultation regarding trauma. This feedback is communicated electronically, telephonically, or personally. They are also involved in the treatment staff meeting on the EBTPU.

D. Documentation: Progress notes are required for each individual and group therapy contact, and reports are prepared for assessments. The intern learns and performs computer entry of diagnostic codes, current procedural terminology (CPT) codes, Global Assessment of Functioning scores, clinical reminders, and appointment information.

III. Supervision: The pattern of supervision varies according to the phase of the rotation, but a minimum of two hours of regularly scheduled individual supervision is provided throughout the rotation. Additional supervision occurs on an unscheduled basis as needed or on a more regular basis when the intern is a participant-observer in therapy or assessment.

BLIND REHABILITATION ROTATION

Half-time rotation

I. Description: The Southwest Blind Rehabilitation Center (SWBRC) is an internationally recognized 34-bed inpatient facility serving 10 states. It is one of five such centers in the country. Other staff are nurses, physicians, research personnel, and masters- and baccalaureate-level Blind Rehabilitation Therapists. Instruction focuses on orientation/mobility, visual skills, manual skills, and living skills. The role of psychology is to provide care to patients as well as consultation to other staff members.

While patients' ages vary from the 20s to the 90s, the average patient is 75 years old and is legally blind due to a progressive age-related disease. Individuals are also frequently diagnosed with other chronic medical conditions.

II. Requirements of the Rotation

A. Assessment: The intern completes psychological screens and intake interviews with new patients as assigned by the primary supervisor.

B. Psychotherapy

1. Group Therapy: The intern co-facilitates one group

2. Individual Therapy: The intern functions as the principle psychologist for those patients s/he performed intakes on who need continuing care. Patient intervention is typically targeted to brief intervention for grief/loss, adaptation to disability, depression, anxiety, and relationship stress. In addition to psychotherapy, opportunities to provide relaxation and assertiveness training are available.

C. Consultation: The intern consults with other members of the multidisciplinary team and is available to offer input on the ways in which cognitive or psychological considerations may be affecting specific patients' participation and progress in the rehabilitation program. The intern will attend weekly Interdisciplinary Treatment Meetings for those patients they have primary responsibility for.

D. Didactics in the setting: Interns are trained using readings as well as hands-on Blind Rehabilitation Training with the Blind Rehabilitation Therapists.

III. Supervision: The orientation of the supervising psychologist is primarily Cognitive-Behavioral. One hour of scheduled supervision by the staff psychologist is provided weekly, and additional supervisory time is available at the intern's request. It is understood that the interns present with varying level of experience in the areas described above and training will be provided as necessary in order to supplement existing skill levels.

Supervision and training focus on:

1. Assessment and identification of personality and cognitive factors which may impact the rehabilitation process
2. Individual and group psychotherapy skills with this population
3. Working with an interdisciplinary treatment team.

HEALTH PSYCHOLOGY/ SLEEP ROTATION

Half-time rotation

I. Description: The purpose of the rotation is to provide the intern with experience in empirically supported change and acceptance-based interventions designed to promote health and reduce the risk of the disease (e.g., weight loss, smoking cessation). Another purpose of the rotation is to provide assessment and treatment experience in behavioral sleep medicine. Interns have the option to tailor part of this rotation to obtain individual experiences they need to fill gaps in their health psychology training. Alternatively, part of this rotation may be devoted to designated research activity under the supervision of a staff psychologist.

II. Requirements of the Rotation:

A. Assessment: The intern is involved in a variety of assessment activities. In the behavioral sleep medicine clinic, the intern participates in the interdisciplinary sleep clinic where she will participate in structured and unstructured sleep intake interview evaluations and administer appropriate self-report measures. When appropriate, the intern administers objective questionnaires to supplement clinical findings and to evaluate outcome. The intern also has the option of administering structured interview assessments as part of a research project examining sleep interventions in patients with PTSD and depression.

B. Psychotherapy

1. Individual. The intern has the option to see time-limited individual health psychology psychotherapy cases; however, individual therapy is not required as part of this rotation.

2. Group. This rotation provides a variety of group therapy experiences. The intern will be a cotherapist with a staff psychologist as part of a weight loss group, tobacco cessation group, and an Acceptance and Commitment therapy group. Depending upon other scheduling with other rotations, the intern may be a co-therapist in a cognitive behavioral therapy group for primary insomnia, an imagery rehearsal therapy group for nightmares, and/or a CPAP desensitization group.

C. Consultation: The intern consults with providers from other disciplines and reports findings to referral sources regarding the treatment techniques and outcomes. The intern is involved in multidisciplinary consultation in the medical subspecialties clinic, as part of the interdisciplinary sleep clinic.

D. Documentation: Progress notes are required for all patient contact. The intern shares responsibility for writing group notes with the supervisor.

III. Supervision: Supervision is scheduled on-site in the interdisciplinary sleep clinic where a medical model is employed in terms of case presentations. Supervision in acceptance based techniques is also scheduled immediately following the ACT group. In addition, supervision is provided by staff psychologists modeling treatment during group therapy sessions and on an unscheduled basis as needed (e.g., drop-by, phone, e-mail).

PSYCHOLOGICAL ASSESSMENT

Half-time rotation

I. Description: Psychologists provide a valuable service to providers in the medical center who need assistance with diagnosis and/or a description of a veteran's mental health functioning, and the purpose of this rotation is to provide interns with intensive experience in psychological assessment. Although this will primarily occur in an outpatient setting, the intern will have the opportunity to assess inpatients also. Referral sources request assessments for the purpose of: diagnostic clarification, appropriateness for transplant, back surgery, and for bariatric surgery, and description of cognitive functioning.

II. Requirements of the Rotation

A. Assessment: The intern completes ten to twelve psychological evaluations during the rotation, approximately one weekly. Assessments typically involve a full clinical interview and selected personality, intellectual, or brief neuropsychological instruments. For each evaluation, the intern writes a formal report presenting results, interpretation and conclusions/recommendations. The intern provides feedback to the person who was assessed and to the referral source. Informal assessments (e.g. interviews) are conducted routinely in conjunction with psychotherapy and when consulting with medical health care programs. When appropriate, the intern administers objective questionnaires to evaluate outcome (e.g. Beck Depression Inventory-II, Beck Anxiety Inventory, Geriatric Depression Scale, etc.).

B. Consultation: Consultation is an integral part of the assessment activity in this rotation. The intern provides timely feedback to providers who have requested consultation. Feedback is communicated electronically, telephonically, or personally. The intern also consults on an as-needed basis with primary care and mental health staff.

C. Documentation: Reports are prepared for each assessment case and will be returned to the supervisor for review within one week of the assessment. The intern learns and performs computer entry of diagnostic codes, current procedural terminology (CPT) codes, GAF scores and clinical reminders, and appointment information.

III. Supervision: The assessment psychologist provides 1 hour of regularly scheduled individual supervision. Additional informal supervision is provided on an unscheduled basis as needed.

Requirements for Completion

University Contacts: During the month preceding internship, the Director of Psychology Training corresponds with the university director of clinical/counseling training for each incoming intern. A copy of this brochure is sent to the directors. This affords the university faculty an opportunity to communicate with the Director of Psychology Training about the internship and the training needs of their students. The following represent other scheduled contacts with the intern's academic director of clinical/counseling training:

1. Within ten days of arriving at the Medical Center, each intern will have established a tentative sequence of rotation assignments for the year. This sequence is sent to the director of clinical/counseling training.
2. At the end of the sixth month of internship, the Director of Psychology Training sends to each intern's director of clinical/counseling training the intern's mid-term evaluation.
3. At the end of internship, the Director of Psychology Training sends to each intern's director of clinical/counseling training a copy of the intern's written final evaluation.

Additional exchanges between the internship and the intern's academic program faculty are welcome and may be necessary under special circumstances.

Evaluation Schedule

Initial Informal Evaluation: Prior to beginning the internship, the intern receives a self-evaluation that examines their experiences with specific treatments, looks at their perceived areas of strength and weakness, and helps define overall training goals. At the beginning of internship, the intern's performance is observed closely by the primary supervisor in order to further assess training needs. Areas of strength are also identified. Supervisors then share these observations informally with each other in a staff

meeting one month after commencement of the first rotation, and they make recommendations to interns as indicated.

Rotation Evaluation: The Rotation Evaluation is completed during the last week of each rotation. It involves written evaluation of the intern's progress and performance during the rotation. The intern also evaluates the supervision received. Feedback is exchanged in order to improve the quality of supervision and facilitate the professional development of the intern.

Mid Term Evaluation: At the end of the second rotation, the entire staff meets to evaluate formally each intern's progress according to specific criteria that have been provided in written form to interns during the first week of internship. The Director of Psychology Training communicates the results of this evaluation to each intern individually. The evaluation serves to establish goals for the second half of the internship. A copy is sent to the academic director of clinical/counseling training.

Final Evaluation: This follows the same format as the Mid Term evaluation and occurs during the final month of the internship. The Director of Psychology Training completes a final written evaluation of each intern. After the results have been discussed with the intern, a copy of this is sent to the academic director of clinical/counseling training. Each intern completes a written evaluation of the internship experience as well, including recommendations for change, and this is submitted anonymously to the Director of Psychology Training. Results of this are discussed with staff.

Facility and Training Resources

The intern offices are located within the new Mental Health Building. The building was opened July 2008. The interns share a large office where each has his or her own computer and phone access, along with space to write reports and notes. There are 2 additional offices that interns use to see veterans. These offices are equipped with audio and video taping. Interns have full access to the online VA library as well as the Medical Library located on the grounds. A program support assistant serves psychology and assists interns in scheduling and managing appointments.

Administrative Policies and Procedures

Leave policies follow the national VA standards for sick and annual leave. Five working days of Authorized Absence will be granted for approved professional activity including attendance at educational events, conferences, dissertation defense, and similar activities. To be approved, educational events or conferences must be relevant to practice or research in clinical or counseling psychology. The professional relevance of the activity is judged by the Director of Psychology Training, after consultation with other staff psychologists if necessary. Please note that job interviews do not qualify for Authorized Absence.

INTERN GRIEVANCE PROCEDURES

Grievances are defined as:

1. Violations of ethical conduct or professional standards.
2. Harassment and/or discrimination.
3. Matters of serious concern that remain unresolved after direct exchange between the intern and involved staff member(s).

The policy stated herein applies only to grievances filed against staff of the Psychology Internship program.

- Grievances against other employees of SAVAHCS are to be filed according to the Equal Employment Opportunity Committee grievance procedures applicable to this medical center.
- Grievances shall be initiated by the intern within the internship year, which commences on the day that the intern is officially processed in as an employee of SAVAHCS and

continues for 52 weeks following that date or until the intern is officially no longer an employee of SAVAHCS.

- Grievances are to be submitted in writing and must include a statement of the grounds for the grievance, the date(s) of the incident(s) constituting the grounds for the grievance, and the name of the psychologist against whom the grievance is being submitted.
- The written grievance should include a recommended course of action for resolution of the grievance.
- The written grievance shall be submitted to the Director of Psychology Training or, if that individual is the object of the grievance, to the Lead Psychologist.

Within one week of receipt of a formal grievance, the Director of Psychology Training will assemble an ad hoc committee to review the grievance. This committee will consist of one intern other than the individual filing the grievance, one SAVAHCS staff psychologist other than the object of the grievance, and the Lead Psychologist. The Lead Psychologist will serve as the chairperson for the committee. In the event that either the Director of Psychology Training or the Lead Psychologist are involved in the complaint, the aggrieved intern will choose another psychologist on staff to serve as the chairperson or on the committee. The aggrieved intern and the person who is the object of the grievance will individually present their respective cases to the committee in person. The committee meeting shall occur within three weeks of receipt of the written grievance.

The ad hoc committee shall provide within one week of its meeting a written statement of its conclusions and recommendations. This shall specify actions to be taken and a schedule for taking such actions toward resolution of the grievance.

In the event that the grievance cannot be resolved to the satisfaction of the aggrieved intern, he or she will be advised to submit a grievance under the procedures delineated by the Equal Opportunity Committee at this medical center. Explanation of these procedures will be provided to the intern.

In order to ensure that negative repercussions do not accrue to an aggrieved intern, an EEO counselor will be selected to monitor the fairness with which the intern is treated throughout the remainder of the internship year. The counselor will have the responsibility and authority to raise issues of inequity and unfair treatment with the Director of Psychology Training and to seek to have the unfair or inequitable practices halted and redressed.

No personal information is gathered when you visit our website.

Training Staff

ALAN P. BAEHR, Ph.D.

University: Counseling Psychology Program, Pennsylvania State University

Assignment: Inpatient—Evaluation and Brief Treatment of PTSD Unit (EBTPU)

Theoretical Orientation: Dr. Baehr's orientation is constructivist. This orientation focuses on the role of personally constructed, culturally mediated meanings in shaping experience and maintaining suffering or allowing personal development. Mental health is defined as the capacity to generate fitting responses to environmental demands that are also an authentic expression of individual values and style. Treatment involves a close understanding of the patient's constructed world in order to discover acceptable exits from self-defeating cycles of thought and behavior, followed by experiences (including the therapy relationship itself) that allow new meanings and actions to be experienced safely.

In terms of PTSD treatment, interactive psycho-education, narrative therapy, Cognitive Processing Therapy, Imagery Rehearsal Therapy, and Acceptance and Commitment Therapy are all consistent with a constructivist theoretical orientation.

Professional Interests/Research: Integration of empirically supported therapies, countertransference management, body-mind approaches to healing from psychological trauma.

LISA BURGESS, Ph.D.

University: Arizona State University

Assignment: Southwestern Blind Rehabilitation Center

Theoretical Orientation: Dr. Burgess's orientation is primarily cognitive-behavioral with interest in systems theory, interpersonal theory, and acceptance and commitment therapy. Sessions focus on developing rapport firstly and secondly on providing support to assist individuals in developing metacognitive skills, and in incorporating the meaning of illness/disability into a positive sense of self.

Professional Interests/Research: Personality and health, geropsychology, mindfulness-based interventions, psychotherapy process.

NADINE C. COLE, Ph.D.

University: Graduate School of Psychology, Fuller Theological Seminary

Assignment: Military Sexual Trauma Coordinator; Director of Psychology Training

Theoretical Orientation: Dr. Cole's theoretical orientation is primarily cognitive-behavioral, utilizing a variety of techniques. These include the narrative approach of Meichenbaum, distorted thinking styles, development of coping skills, mindfulness based cognitive-behavioral intervention, and exploration of trauma and its meaning for the individual. Treatment of chronic PTSD includes dimensions of exposure and skills building that include the physical, emotional, and spiritual aspects of the person.

Professional Interests/Research: PTSD assessment and treatment, spirituality and coping skills, ethnic minority mental health

JULIE EWING, Ph.D.

University: Texas Tech

Assignment: Mental Health Clinic/Psychological Assessment

Theoretical Orientation: Dr. Ewing's theoretical orientation toward individual therapy is primarily cognitive behavioral. While she emphasizes the important role that cognitions play in behavior, she also stresses the importance of the therapeutic relationship. Behavioral change is effected through both cognitive behavioral intervention and through the patient's realization that he/she is reenacting dysfunctional behavioral patterns with the therapist. Her approach to group therapy reflects the process orientation advocated by Irvin Yalom.

Professional Interests/Research: Psychotherapy, Assessment, Obesity

SANDRA M. GALLAGHER, Ph.D.

University: University of Arizona

Assignment: Co-occurring PTSD and Substance Use Disorders

Theoretical Orientation: Dr. Gallagher's theoretical orientation is primarily cognitive-behavioral, utilizing Motivational Interviewing for early stages of change and CBT-based interventions and behavioral strategies for action stages of change. She has many years of experience in program evaluation, evidence-based practice implementation and professional supervision and training.

Professional Interests/Research: Co-occurring disorders, Motivational Interviewing, health psychology, program evaluation and supervision/training

MICHAEL K. GANN, PH.D.

University: University of Southern California

Assignment: Mental Health Clinic and Agave Primary Care Team

Theoretical Orientation: Dr. Gann's theoretical orientation is primarily behavioral with a specialization in Dialectical Behavior Therapy (DBT). He approaches the change process by balancing acceptance with change strategies. Interventions typically focus on a behavioral activation approach utilizing cognitive techniques to facilitate clients' involvement in the process. The therapeutic relationship is central to his work and functions to incorporate radical acceptance of the client. In addition, Acceptance and Commitment Therapy has become an important adjunct to his work. He utilizes empirically supported treatments for anxiety disorders that he has adapted to a group format. He has also worked as a forensic psychologist, primarily treating sexually violent persons.

Professional Interests/Research: Empirically Supported Treatments, Validation, Dialectical Behavior Therapy, Borderline Personality Disorder, Acceptance and Commitment Therapy, forensic issues including sexual offenders and paraphilias, and anxiety disorders.

PATRICIA L. HAYNES, PH.D.

University: San Diego State University/University of California-San Diego Joint Doctoral Program in Clinical Psychology

Assignment: Mental Health Outpatient Clinic

Theoretical Orientation: Dr. Haynes conceptualizes cases from a cognitive-behavioral and dialectical behavioral therapy framework. She often adjusts individual treatment to patient needs and incorporates different theoretical approaches into treatment, including acceptance based strategies, systems theory, and feminist therapy. Her specialty is the behavioral treatment of sleep problems in psychopathology. Therefore, her clinical practice has been strongly influenced by a behavioral medicine paradigm.

Professional Interests/Research: Cognitive behavioral therapy, sleep and sleep disorders, depression, stressful life events, treatment development, and cross-disciplinary models of emotion dysregulation. Dr. Haynes is currently conducting several studies developing and testing behavioral sleep treatments in veterans.

SABRINA K. HITT, Ph.D.

University: Arizona

Assignment: Mental Health Clinic

Theoretical Orientation: Dr. Hitt's theoretical orientation is primarily cognitive-behavioral, and she also draws from different theoretical approaches to tailor treatment to the individual client. She is particularly interested in 3rd wave therapies and a mind-body approach to helping clients. She incorporates elements of mindfulness meditation into cognitive therapy when appropriate, e.g. for emotion regulation, and managing stress and anxiety. She also incorporates motivational enhancement therapy when clients are not in the action stage. Paying attention to emotional issues can help the client to make sense out of them and facilitate personal psychological development and behavior change. The therapeutic relationship is considered the foundation for change, and a client-centered approach is emphasized.

Professional Interests/Research: Disclosure and health, new treatments for depression (e.g. motivational enhancement therapy (MET), acupuncture, mindfulness-based cognitive therapy), Acceptance and Commitment Therapy

ANDREW C. JONES, PhD.

University: Illinois Institute of Technology

Assignment: Chronic Pain Rehabilitation Clinic, Compensation and Pension Clinic

Theoretical Orientation: Dr. Jones' theoretical orientation is primarily cognitive-behavioral, and he has a strong interest in both individual and group therapeutic interventions. With respect to individual intervention, he prefers to take a motivational interviewing approach to effect change in one's approach to management of chronic illness. Beyond initial evaluation and assessment of motivation and stage of change, he prefers group-based interventions, as he finds the interaction between patients can significantly improve one's self-efficacy. He is also trained in and practices biofeedback therapy for pain management. His background in terms of training and experience is almost exclusively in health psychology, having worked in cardiac rehabilitation, pain management, and spinal cord injury.

Professional/Research Interests: Dr. Jones' primary interests are in chronic pain management as well as adaptation to and coping with spinal cord injuries and diseases. He also has a strong interest in the interaction between sleep disorders, stress, and one's perception of pain.

MICHAEL W. MARKS, PhD, ABPP (Clinical)

University: Washington State

Assignment: Lead Psychologist; PTSD Outpatient Clinic

Theoretical Orientation: Dr. Marks' theoretical orientation is cognitive behavioral and focuses on the meaning that survivors give to their experiences. He focuses on teaching survivors how to cope with and reduce symptoms. Dr. Marks believes in the power of psycho-education, and the PTSD Outpatient Clinic offers time-limited, symptom specific groups (classes). He also utilizes outreach to the community as a therapeutic intervention and regards this as an important part of being a clinician. Dr. Marks also focuses on treatment outcomes and has an ongoing research project on patient satisfaction.

Professional Interests/Research: PTSD, outcome studies, rural healthcare, interdisciplinary treatment teams. Dr. Marks is an Adjunct Assistant Professor at the University of Arizona and the PTSD Mentor for VISN 18 (Arizona, New Mexico and western Texas).

JOHN TSANADIS, Ph.D.

University: Ohio University

Assignment: Neuropsychological Assessment

Theoretical Orientation: Dr. Tsanadis' approach focuses on standardized objective assessment with supplementary information provided by behavioral observation, background information, and process analysis. He believes neuropsychological assessment should be grounded in empirically supported assessment procedures rather than those that are just theoretically supported. Neuropsychology requires the integration of several different domains of knowledge including neuroanatomy, neurology, psychiatry, pharmacology, as well as psychometrics. Dr. Tsanadis advocates keeping the "psychology" in neuropsychology by being cognizant of how psychological factors (i.e., personality, mental health problems, expectations, reinforcement etc...) affect symptom presentation, tests results, and functionality. Since neuropsychological measures are tests of behavior, performance is influenced by a variety of factors in addition to brain function.

Professional Interests/Research: Symptom validity testing, traumatic brain injury outcomes, geriatric neuropsychological assessment, ecological validity of neuropsychological tests, executive functions, MMPI.

FRED W. WIGGINS, Ph.D.

University: Indiana University

Assignment: Consultation/Supervision/Education

Theoretical Orientation: Dr. Wiggins' theoretical orientation is best described as eclectic. While drawing on Rogerian principles for building the therapeutic relationship he conceptualizes clinical issues primarily from a psychosocial developmental perspective. Therapeutic change is facilitated through the utilization of a variety of cognitive-behavioral, cognitive-emotional, solution focused, and insight oriented intervention strategies as determined by the client's expressed needs in the therapeutic relationship.

Professional/Research Interests: Individual, Couples, and Group Psychotherapy, Multicultural Counseling and Development, Organizational Consultation, Teaching and Training.

Trainees

The Southern Arizona Health Care System provides training to 4 psychology pre-doctoral interns each year. Following is the information about the current intern class and the previous 3 years.

For the current interns (2008-09):

- 3 are from a Clinical Psychology Program
- 1 is from a Counseling Psychology Program

The programs include:

- University of New Mexico
- Marquette University
- University of Missouri-Columbia
- University of Arizona

Year	School	Track	Employment
2007-2008	Purdue University	Clinical	Continuing studies
2007-2008	Arizona State University	Counseling	Post-doc
2007-2008	University of Colorado	Clinical	Post-doc
2007-2008	University of Nevada-Reno	Clinical	Did not complete internship
2006-2007	Georgia State	Clinical	Post-doc
2006-2007	University of Arizona	Clinical	Post-doc
2006-2007	Idaho State	Clinical	Post-doc
2006-2007	University of Arizona	Clinical	V.A.
2005-2006	University of So. CA	Clinical	Continuing studies
2005-2006	North Dakota	Clinical	Post-doc
2005-2006	Loma Linda University	Clinical	Post-doc
2005-2006	University of Arizona	Clinical	Professor/Teaching

Local Information

The Tucson metropolitan area, with a population of approximately 800,000, is situated within the Sonora Desert, a unique and fascinating environment. The city is surrounded by four mountain ranges with peaks of nearly 10,000 feet. The climate is delightful. In fact, Tucson is the sunniest city in the U.S. Winter days are mild and sunny, and summer offers cool mornings and evenings with low humidity. The city offers an abundance of cultural and recreational activities, and its lack of urban sprawl makes these readily accessible. There are art galleries, symphony, ballet, theater and major entertainers in concert. The Native American and Hispanic cultures are major influences in the community. The wide variety of restaurants offers, among other cuisine, oriental, Italian, traditional American and, as you might expect, Mexican fare. For the gourmet, the restaurant scene is comprehensive enough to consume most of an intern's salary. Fortunately, much of the best of what Tucson offers is free, like the spectacular scenery.

The mountains surrounding Tucson provide ample opportunity for hiking, camping, rock climbing and picnicking. It's an hour's drive to the southernmost ski resort in the U.S. at Mt. Lemmon (9200 feet). Between Tucson and Mt. Lemmon one passes through all the climatic/environmental zones encountered between the desert of northern Mexico and the towering pine and fir forests of Canada. The desert has a special beauty that can be explored in comfort throughout fall, winter and spring. The beaches of northern Mexico, beautiful Oak Creek Canyon, the White Mountains and the Grand Canyon are all accessible for short vacations.

The University of Arizona, located in Tucson, makes a unique contribution to the cultural and intellectual life of the community. The main, science and medical libraries are good complements to the VA medical library. Arizona's athletic teams offer spectator sporting events including major-league and college baseball, football, basketball, ice hockey and more.

In short, Tucson is a pleasant and stimulating place to complete one's training in psychology, and it provides a wide variety of activities to supplement the internship experience.

Websites of interest:

http://www.wrh.noaa.gov/twc/qwwp/qwwp_tus.php
<http://www.tucsonaz.gov/index.php>
<http://www.pima.gov/>